

IN THE CIRCUIT COURT OF MADISON COUNTY MISSISSIPPI

REBECCA CRAIG & JOHN DOES I-V

PLAINTIFF(S)

VS.

FILED  
CAUSE NO. 2020-0174-JA  
MADISON COUNTY

WALMART INC., D/B/A/  
SAM'S CLUB & JOHN DOES I-V

AUG 14 2020

ANITA WRAY, CIRCUIT CLERK

DEFENDANT(S)

BY Deisy D.C.

COMPLAINT  
(Jury Trial Demanded)

Comes Now, the Plaintiffs, Rebecca Craig and John Does I-V, by and through undersigned counsel and files this Complaint for damages against Sam's Club Facility # 8271. and John Does I-V, and would show the following in support:

PARTIES

1. Plaintiffs Rebecca Craig is adult resident citizens of Noxubee County, whose address is 1336 Dora Road Brooksville, Mississippi 39739.
2. Plaintiff John Does I-V are unidentified individuals that the Defendants may be liable to for damages. The names of these individuals will be supplemented once they are determined.
3. Defendant is Walmart Inc., d/b/a, Sam's Clubs #8721 (Hereafter Sam's Club) corporation registered to do business in the state of Mississippi whose address is 257 Grandview Blvd. Madison, Mississippi 39110, that may be served with process upon its registered agent for service of process, C.T. Corporation System 645 Lakeland East Drive Suite 101 Flowood, MS 39232.

EXHIBIT A

4. Defendant John Does I–V are unidentified individuals that may be liable to Plaintiff for her damages. The names of these individuals will be supplemented once they are determined.

### **JURISDICTION**

5. Venue is appropriate in this court pursuant to Mississippi Code Annotated §11-11-3 (Supplemented 1994) as the tort, which forms the basis of this suit, occurred in Madison County, Mississippi.

### **FACTS**

6. On or about the 19<sup>th</sup> of April, 2018, Rebecca Craig, Plaintiff was a patron at Sam's Club #8721, Defendant located at 257 Grandview Blvd. Madison, Mississippi 39759. While shopping in Defendant's store the Plaintiff picked up a 4pack of 2-liter Sprite, when one of the straps broke causing one of the Sprites to fall to the floor and explode, leading the Plaintiff to fall injuring herself. As a direct result thereof, our client sustained pain and suffering mental and emotional distress, bodily injuries to include a torn bicep and rotator cup.

### **NEGLIGENCE**

7. Defendant caused Plaintiff's injuries in the following ways:
- a. failure to provide a safe environment for patron;
  - b. failure to remove a potential hazard from the shelf/display;
  - c. failure to ensure product safety; and
  - d. failure to warn Plaintiff of the dangerous condition.

### CAUSATION

8. The negligence, carelessness, recklessness, willfulness, and wantonness of the Defendant, as set forth herein and above, was the proximate cause or wholly contributed to the injuries of Plaintiff as heretofore and hereinafter set forth. As a direct and proximate result of the aforementioned breaches of duty by the Defendant, Plaintiff has suffered substantial injuries and damages.

9. As a proximate result of Plaintiff's injuries, she incurred medical bills, including hospital bills and other doctor visits. The reasonable and necessary expenses were incurred by Plaintiff as a result of the Defendant's acts and omissions.

10. Plaintiff seeks compensation for the following:

- (a) Medical expenses incurred for the treatment of Plaintiff's injuries caused by the Defendant's negligence;
- (b) Future medical expenses for ongoing and continual treatment of Plaintiff's injuries;
- (c) Lost wages and other compensation;
- (d) Loss of wage-earning capacity;
- (e) Loss of the functional use of his body;
- (f) Future medical expenses;
- (g) Loss of enjoyment of life;
- (h) Physical pain and suffering;
- (i) Mental pain and suffering;
- (j) Mental anguish;
- (k) Future pain and suffering;

- (l) Permanent bodily impairment; and
- (m) Lost of consortium.

**WHEREFORE PREMISES CONSIDERED**, the Plaintiff respectfully requests a Judgment of and from the Defendant, in an amount to be determined by a jury in this matter and for any other relief deemed appropriate by the Court.

**RESPECTFULLY SUBMITTED**, this the 7<sup>th</sup> day of August 2020.

**REBECCA CRAIG BY AND  
THROUGH THEIR ATTORNEY**

BY: \_\_\_\_\_

**JEFFREY J. HOSFORD (MS BAR NO. 100788)  
HOSFORD LAW FIRM, PLLC  
115-A. S. LAFAYETTE ST.  
STARKVILLE, MS 39759  
TELEPHONE: (662) 323-0844  
FACSIMILE: (662) 323-5560**

# HOSFORD LAW FIRM, P.L.L.C.

Jeffrey J. Hosford  
Attorney at Law  
115-A South Lafayette St.  
Starkville, MS 39759  
Phone: 662.323.0844  
Facsimile: 662.323.5560  
E-mail: [jeffhosford@gmail.com](mailto:jeffhosford@gmail.com)

August 10, 2020

CI 2020-0174-JA

**Madison County Circuit Court**

Attn.: Anita Wray  
128 West North Street  
P.O. Box 1626  
Canto, MS 39046


Re: *Rebecca Craig & John Does I-V v. Walmart Inc., Sam Club & John Does I-V*

Dear Mrs. Wray,

Please find enclosed one (1) Initial Complaint and (1) copy of the Initial Complaint for the above referenced case for filing on the above referenced matter. Please forward a copy of the stamped file to our office using the self-addressed stamped envelope provided. If you should have any questions or concerns, please do not hesitate to contact our office.

Thank you for your time and assistance in this matter.

Sincerely,



Percy J. Williams Jr.  
Legal Assistant to:  
Jeffrey J. Hosford  
Attorney at Law

Enclosures

FEE BILL, CIVIL CASES, CIRCUIT COURT

State of Mississippi  
Madison County

Case #	CI-2020-0174	Acct #		Paid By	CHECK 005853	Rct#	89208
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	CV CLERK'S FEE				85.00		
	CV LAW LIBRARY				2.50		
	CV COURT REPORTER TAX				10.00		
	CV COURT EDUCATION				2.00		
	CV COURT ADMINISTRATOR				2.00		
	CV CIVIL LEGAL ASSISTANCE FUND				5.00		
	CV COMPREHENSIVE ELECTRONIC CT				10.00		
	CV JURY TAX				3.00		
	CV CONSTITUENTS FE				.50		
	CV RECORDS MANAGEMENT PROGRAM				1.00		
	CV-JUDICIAL SYS OPERATION FUND				40.00		

Total	\$	161.00
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Payment received from HOSFORD LAW FIRM PLLC

Transaction 91791 Received 8/14/2020 at 10:53 Drawer 1 I.D. DENDY

Current Balance Due	\$0.00	Receipt Amount \$	161.00
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By \_\_\_\_\_ D.C. ANITA WRAY, Circuit Clerk

Case # CI-2020-0174      Acct #      Paid By CHECK 005853      Rct# 89208



COVER SHEET		Court Identification Docket #		Case Year	Docket Number
<b>Civil Case Filing Form</b> (To be completed by Attorney/Party Prior to Filing of Pleading)		<div style="border: 1px solid black; padding: 2px;">45</div> County #	<div style="border: 1px solid black; padding: 2px;">1</div> Judicial District	<div style="border: 1px solid black; padding: 2px;">2020</div> Court ID (CH, CI, CO)	<div style="border: 1px solid black; padding: 2px;">1174</div> Local Docket ID
Mississippi Supreme Court Administrative Office of Courts		Form AOC/01 (Rev 2016)		This area to be completed by clerk	
In the <u>CIRCUIT</u>		Court of <u>MADISON</u>		County <u>—</u>	Judicial District <u>—</u>
<b>Origin of Suit (Place an "X" in one box only)</b>					
<input checked="" type="checkbox"/> Initial Filing <input type="checkbox"/> Reinstated <input type="checkbox"/> Foreign Judgment Enrolled <input type="checkbox"/> Transfer from Other court <input type="checkbox"/> Other					
<input type="checkbox"/> Remanded <input type="checkbox"/> Reopened <input type="checkbox"/> Joining Suit/Action <input type="checkbox"/> Appeal					
<b>Plaintiff - Party(ies) Initially Bringing Suit Should Be Entered First - Enter Additional Plaintiffs on Separate Form</b>					
<b>Individual</b> <u>CRAIG</u> <u>REBECCA</u>					
Last Name                      First Name                      Maiden Name, if applicable                      M.I.                      Jr/Sr/III/IV					
<input type="checkbox"/> Check ( x ) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:					
Estate of _____					
<input type="checkbox"/> Check ( x ) if Individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity:					
D/B/A or Agency _____					
<b>Business</b>					
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated					
<input type="checkbox"/> Check ( x ) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below:					
D/B/A _____					
<b>Address of Plaintiff</b> <u>1336 DORA ROAD BROOKSVILLE, MISSISSIPPI 39739</u>					
<b>Attorney (Name &amp; Address)</b> <u>Jeffrey J. Hosford 115A S. Lafayette St. Starkville, MS 29759</u>					
<input type="checkbox"/> Check ( x ) if Individual Filing Initial Pleading is NOT an attorney					
Signature of Individual Filing: _____					
<b>MS Bar No.</b> <u>100788</u>					
<b>Defendant - Name of Defendant - Enter Additional Defendants on Separate Form</b>					
<b>Individual</b>					
Last Name                      First Name                      Maiden Name, if applicable                      M.I.                      Jr/Sr/III/IV					
<input type="checkbox"/> Check ( x ) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:					
Estate of _____					
<input type="checkbox"/> Check ( x ) if Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity:					
D/B/A or Agency _____					
<b>Business</b>					
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated					
<input type="checkbox"/> Check ( x ) if Business Defendant is acting in the name of an entity other than the above, and enter below:					
D/B/A _____					
<b>Attorney (Name &amp; Address) - If Known</b> _____					
<b>MS Bar No.</b> _____					
<input type="checkbox"/> Check ( x ) if child support is contemplated as an issue in this suit.*					
*If checked, please submit completed Child Support Information Sheet with this Cover Sheet					
<b>Nature of Suit (Place an "X" in one box only)</b>					
<b>Domestic Relations</b>		<b>Business/Commercial</b>		<b>Children/Minors - Non-Domestic</b>	
<input type="checkbox"/> Child Custody/Visitation <input type="checkbox"/> Child Support <input type="checkbox"/> Contempt <input type="checkbox"/> Divorce: Fault <input type="checkbox"/> Divorce: Irreconcilable Diff. <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Emancipation <input type="checkbox"/> Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Property Division <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Term. of Parental Rights-Chancery <input type="checkbox"/> UIFSA (eff 7/1/97; formerly URESA) <input type="checkbox"/> Other _____		<input type="checkbox"/> Accounting (Business) <input type="checkbox"/> Business Dissolution <input type="checkbox"/> Debt Collection <input type="checkbox"/> Employment <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Replevin <input type="checkbox"/> Other _____		<input type="checkbox"/> Adoption - Contested <input type="checkbox"/> Adoption - Uncontested <input type="checkbox"/> Consent to Abortion <input type="checkbox"/> Minor Removal of Minority <input type="checkbox"/> Other _____	
<b>Appeals</b>		<b>Probate</b>		<b>Civil Rights</b>	
<input type="checkbox"/> Administrative Agency <input type="checkbox"/> County Court <input type="checkbox"/> Hardship Petition (Driver License) <input type="checkbox"/> Justice Court <input type="checkbox"/> MS Dept Employment Security <input type="checkbox"/> Municipal Court <input type="checkbox"/> Other _____		<input type="checkbox"/> Accounting (Probate) <input type="checkbox"/> Birth Certificate Correction <input type="checkbox"/> Mental Health Commitment <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Heirship <input type="checkbox"/> Intestate Estate <input type="checkbox"/> Minor's Settlement <input type="checkbox"/> Muniment of Title <input type="checkbox"/> Name Change <input type="checkbox"/> Testate Estate <input type="checkbox"/> Will Contest <input type="checkbox"/> Alcohol/Drug Commitment (Involuntary)		<input type="checkbox"/> Elections <input type="checkbox"/> Expungement <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Post Conviction Relief/Prisoner <input type="checkbox"/> Other _____	
		<b>Contract</b>		<b>Statutes/Rules</b>	
		<input type="checkbox"/> Breach of Contract <input type="checkbox"/> Installment Contract <input type="checkbox"/> Insurance <input type="checkbox"/> Specific Performance <input type="checkbox"/> Other _____		<input type="checkbox"/> Bond Validation <input type="checkbox"/> Civil Forfeiture <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Injunction or Restraining Order <input type="checkbox"/> Other _____	
				<b>Real Property</b>	
				<input type="checkbox"/> Adverse Possession <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Eviction <input type="checkbox"/> Judicial Foreclosure <input type="checkbox"/> Lien Assertion <input type="checkbox"/> Partition <input type="checkbox"/> Tax Sale: Confirm/Cancel <input type="checkbox"/> Title Boundary or Easement <input type="checkbox"/> Other _____	
				<b>Torts</b>	
				<input type="checkbox"/> Bad Faith <input type="checkbox"/> Fraud <input type="checkbox"/> Intentional Tort <input type="checkbox"/> Loss of Consortium <input type="checkbox"/> Malpractice - Legal <input type="checkbox"/> Malpractice - Medical <input type="checkbox"/> Mass Tort <input checked="" type="checkbox"/> Negligence - General <input type="checkbox"/> Negligence - Motor Vehicle <input type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability <input type="checkbox"/> Subrogation <input type="checkbox"/> Wrongful Death <input type="checkbox"/> Other _____	

IN THE CIRCUIT COURT OF HINDS COUNTY, MISSISSIPPIJUDICIAL DISTRICT, CITY OFDocket No. \_\_\_\_\_  
File Yr \_\_\_\_\_ Chronological No. \_\_\_\_\_ Clerk's Local ID \_\_\_\_\_Docket No. If Filed  
Prior to 1/1/94 \_\_\_\_\_**PLAINTIFFS IN REFERENCED CAUSE - Page 1 of \_\_\_\_ Plaintiffs Pages  
IN ADDITION TO PLAINTIFF SHOWN ON CIVIL CASE FILING FORM COVER SHEET****Plaintiff #2:**Individual: DOES I-V JOHN (\_\_\_\_\_) \_\_\_\_\_  
Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV

\_\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

**Business** \_\_\_\_\_  
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_\_ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A \_\_\_\_\_

ATTORNEY FOR THIS PLAINTIFF: \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_\_ Not an Attorney(✓) \_\_\_\_

**Plaintiff #3:**Individual: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV

\_\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

**Business** \_\_\_\_\_  
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_\_ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A \_\_\_\_\_

ATTORNEY FOR THIS PLAINTIFF: \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_\_ Not an Attorney(✓) \_\_\_\_

**Plaintiff #4:**Individual: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV

\_\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

**Business** \_\_\_\_\_  
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_\_ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A \_\_\_\_\_

ATTORNEY FOR THIS PLAINTIFF: \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_\_ Not an Attorney(✓) \_\_\_\_